



Pine Lake Country Club

2019-2020

Indoor Tennis Membership Application

3300 Pine Lake Rd. Orchard Lake, MI 48324

www.pinelakeecc.com

#PLCCLife



The following information for your records is respectfully submitted (Please type or print legibly)

----- Member Information -----

(Parent Information is required for all Junior Memberships)

Mr. Mrs. Ms. Dr. Other (_____)

Name _____

Email _____

Home Phone (____) _____ Cell Phone (____) _____

Residence _____

Street Address

City & State

Zip Code

Marital Status Single Married

----- Spouse Information -----

(If Applicable)

Mr. Mrs. Ms. Dr. Other (_____)

Name _____

Email _____

Home Phone (____) _____ Cell Phone (____) _____

----- Junior Information -----

(All Juniors must be 17 or younger)

Name(s) _____ Date of Birth _____

_____ Son Daughter

_____ Son Daughter

_____ Son Daughter

_____ Son Daughter

----- Other Private/Public Club Memberships -----

(over)

----- **Membership Terms & Rates** -----

All Tennis Memberships run September 9, 2019 through May 17, 2020

I/We am/are applying for Tennis Membership in the following category

- Family - \$475 Individual - \$350 Senior 60+ - \$285 Junior (Per Jr) - \$150

FULL MEMBERSHIP PAYMENT MUST ACCOMPANY THIS APPLICATION

----- **Delivery and Payment of Membership Statements** -----

Monthly statements will be electronically sent to the email addresses as provided above. Full account balances will be due by the 25th day of the following month. If payment becomes more than 60 days past due, your privileges will be suspended immediately, and a valid Credit Card or Bank Account will be required on file for automatic payment to restore privileges.

----- **Electronic Payment** -----

Payments will be processed on the 20th day of each month

Select One: Bank Account Credit Card

Full Name on Bank Account _____

Bank Name _____ Account Type: Checking Saving

Routing Number _____ Bank Account Number _____

Please complete the information above for Bank Account payment
OR
Complete the information below for Credit Card payment
(Please note there will be a 3% fee associated with Credit Card Payments)

Full Name on Credit Card _____ Expiration Date _____ (mm/yyyy)

Card Type _____

Credit Card Number _____ CVV (3 or 4 Digit) _____

Credit Card Billing Address _____

_____ Zip Code _____

Electronic Payment - I hereby authorize Pine Lake Country Club to initiate monthly charges on the 20th of each month to my account or credit card as listed above for payment of my membership account balance at the end of the previous month. I acknowledge that there will be a small monthly fee (3%) associated with my credit card payment that will be based upon the balance as charged. I understand that both Pine Lake Country Club and my financial institution reserve the right to terminate this payment plan or my participation therein. This authority is to remain in effect until revoked by me in writing. I also understand that I am responsible to submit any changes to the credit card account information provided above to Pine Lake Country Club and that I am responsible for any charges imposed on Pine Lake Country Club due to my failure to do so. I acknowledge that the origination of credit card transactions to my account must comply with the provisions of U.S. law. **INITIALS** _____

Publicity Consent - I/We do hereby give Pine Lake Country Club their assigns, licenses, and legal representatives the irrevocable right to use my/our name, picture, portrait, photograph, image, or voice in all forms and media and in all manners, including composite or purpose, and I/we waive any right to inspect or approve the finished product, including written copy, that may be created in connection therewith. I/We also agree that this releases Pine Lake Country Club and any and all of its representatives from any and all monetary obligations or payments to me/us or any or all of my/our authorized representatives for use of video, films, photographs, image and/or voice of myself/us. I/We am/are of full legal age. I/We have read this release and am/are fully familiar with its contents. In addition, I/we am/are the parent(s) or legal guardian(s) of the minor(s) above and have the legal authority to execute the above release. I/We approve the foregoing and waive any rights in the premises. **INITIALS** _____

Signature _____ Date _____